

WITNESS NAME: _____	EMPLOYERS NAME: _____
STREET ADDRESS: _____	EMPLOYER ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
PHONE NUMBER: _____	PHONE NUMBER: _____
POSITION: _____	LICENSE/DOC. #: _____

I, the undersigned, make the following statement voluntary, without threat, duress or promise of reward:

[illegible]

I have read my statement as documented above (and if applicable, on continuation pages), and to the best of my knowledge and belief, it is true and correct.

DATE _____